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CLIENT'S COPY

Douglas & Bhagat CPA Services, Inc.
100 E. Thousand Oaks Blvd., Suite 202
Thousand Oaks, CA 91360
(805) 409-7705

November 2, 2021

Institute For Nonprofit News
714 W. Olympic Blvd. No. 929
Los Angeles, CA 90015

Institute For Nonprofit News:

Enclosed is the organization's 2020 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$150.00, payable to

Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Nicole Douglas

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

INSTITUTE FOR NONPROFIT NEWS

27-2614911

Name and title of officer or person subject to tax

SUE CROSS
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,744,775.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **DOUGLAS & BHAGAT CPA SERVICES, INC** to enter my PIN **10413**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96162412345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **DOUGLAS & BHAGAT CPA SERVICES, INC** Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. INSTITUTE FOR NONPROFIT NEWS	Taxpayer identification number (TIN) 27-2614911
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 714 W. OLYMPIC BLVD., NO. 929	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90015	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHIP POTTS

- The books are in the care of ▶ **714 W. OLYMPIC BLVD. SUITE 929 - LOS ANGELES, CA 90015**
Telephone No. ▶ **818-582-3560** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INSTITUTE FOR NONPROFIT NEWS		D Employer identification number 27-2614911
	Doing business as		E Telephone number 818-582-3560
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	714 W. OLYMPIC BLVD.		G Gross receipts \$ 7,746,675.
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90015		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: SUE CROSS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: INN.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009	M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,989,508.	7,261,822.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,711.	-910.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	644,549.	483,863.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,647,768.	7,744,775.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,317,459.	2,405,953.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,379,758.	1,872,932.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 327,925.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,878,412.	1,166,455.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,575,629.	5,445,340.	
19 Revenue less expenses. Subtract line 18 from line 12	-927,861.	2,299,435.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,399,078.	End of Year 6,047,762.
	21 Total liabilities (Part X, line 26)	116,427.	465,676.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,282,651.	5,582,086.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	SUE CROSS, CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name NICOLE DOUGLAS	Preparer's signature	Date
	Firm's name ▶ DOUGLAS & BHAGAT CPA SERVICES, INC	Firm's EIN ▶ 82-5008973	Check if self-employed <input type="checkbox"/> PTIN P00624143
	Firm's address ▶ 100 E. THOUSAND OAKS BLVD., SUITE 202 THOUSAND OAKS, CA 91360	Phone no. (805) 409-7705	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: FOSTERING AND PROMOTING THE HIGHEST QUALITY INVESTIGATIVE AND PUBLIC SERVICE JOURNALISM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,795,629. including grants of \$ 2,405,953.) (Revenue \$ 481,963.) INSTITUTE FOR NONPROFIT NEWS PRIMARY PROGRAMS HAVE BEEN FOCUSED ON HELPING OUR NONPROFIT INVESTIGATIVE AND PUBLIC SERVICE NEWS ORGANIZATIONS PRODUCE AND DISTRIBUTE STORIES WITH IMPACT TO THE GENERAL PUBLIC. THE ULTIMATE GOAL OF INSTITUTE FOR NONPROFIT NEWS' PROGRAMS IS TO FURTHER A FREE DEMOCRACY BY EDUCATING CITIZENS AND COMMUNITIES. DURING THE YEAR, INSTITUTE FOR NONPROFIT NEWS DEVELOPED AND DISSEMINATED VALUABLE RESOURCES PROMOTING INVESTIGATIVE, PUBLIC INTEREST AND EDUCATIONAL REPORTING; CONDUCTED MULTIPLE TRAINING SEMINARS; AND MORE GENERALLY HELPED DISTRIBUTE INVESTIGATIVE NEWS CONTENT ON A GLOBAL SCALE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,795,629.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
CHIP POTTS - 818-582-3560
714 W. OLYMPIC BLVD. SUITE 929, LOS ANGELES, CA 90015

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUE CROSS CEO & EXECUTIVE DIRECTOR	40.00			X			191,460.	0.	3,829.	
(2) FRANCES R SCARLETT DIRECTOR OF KNOWLEDGE OFFI	40.00				X		160,100.	0.	3,202.	
(3) LAWRENCE R HORNE DIRECTOR OF DEVELOPMENT	40.00				X		153,584.	0.	3,072.	
(4) KAYLEEN M LIMA DIRECTOR OF TECHNOLOGY	40.00				X		145,699.	0.	2,914.	
(5) JONATHAN R KEALING CHIEF NETWORK OFFICER	40.00				X		139,500.	0.	2,790.	
(6) CHARLES POTTS DIRECTOR OF FINANCE & OPER	40.00			X			132,962.	0.	2,659.	
(7) JEFFREY WOOLVERTON NETWORK PHILANTRAPY DIRECTO	40.00				X		119,359.	0.	0.	
(8) LAURA FRANK CHAIR	10.00	X		X			0.	0.	0.	
(9) BRUCE THERIAULT TREASURER	10.00	X		X			0.	0.	0.	
(10) MARCIA PARKER SECRETARY	5.00	X		X			0.	0.	0.	
(11) SHEILA KRUMHOLZ DIRECTOR	5.00	X					0.	0.	0.	
(12) RON SMITH DIRECTOR	5.00	X					0.	0.	0.	
(13) NEAL SHAPIRO DIRECTOR	5.00	X					0.	0.	0.	
(14) MARK HORVIT DIRECTOR	5.00	X					0.	0.	0.	
(15) ERIKA DILDAY DIRECTOR	5.00	X					0.	0.	0.	
(16) NORBERTO SANTANA DIRECTOR	5.00	X					0.	0.	0.	
(17) HSIU MEI WONG DIRECTOR	5.00	X					0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	125,038.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,136,784.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			7,261,822.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		990.			990.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		1,900.			
	c Gain or (loss)	7c		-1,900.			
d Net gain or (loss)			-1,900.	-1,900.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	519100	483,863.	483,863.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			483,863.			
12 Total revenue. See instructions			7,744,775.	481,963.	0.	990.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,405,451.	2,405,451.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	502.	502.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,042,667.	705,044.	132,141.	205,482.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	673,904.	600,500.	64,718.	8,686.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,930.	19,637.	3,063.	3,230.
9 Other employee benefits				
10 Payroll taxes	130,431.	98,778.	15,405.	16,248.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	738,041.	619,033.	44,008.	75,000.
12 Advertising and promotion	3,838.	2,622.	1,216.	
13 Office expenses	4,794.	1,851.	2,613.	330.
14 Information technology	59,796.	33,951.	24,858.	987.
15 Royalties				
16 Occupancy	19,294.	10,776.	5,424.	3,094.
17 Travel	28,475.	22,187.	2,077.	4,211.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,749.	16,303.	15,446.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,755.	3,633.	562.	560.
23 Insurance	13,031.	5,935.	7,096.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDS RELEASED TO SEPAR	210,772.	210,772.		
b DUES AND SUBSCRIPTIONS	35,805.	25,830.	1,588.	8,387.
c BANKING/MERCHANT FEES	9,338.	7,958.	504.	876.
d WORKERS COMPENSATION IN	5,117.	3,876.	604.	637.
e All other expenses	1,650.	990.	463.	197.
25 Total functional expenses. Add lines 1 through 24e	5,445,340.	4,795,629.	321,786.	327,925.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,267,156.	1	5,740,405.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	47,902.	4	176,640.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,052.	9	68,786.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,875.		
	b Less: accumulated depreciation	10b 21,755.	10c	60,120.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,542.	15	1,811.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,399,078.	16	6,047,762.	
Liabilities	17 Accounts payable and accrued expenses	65,914.	17	182,921.
	18 Grants payable		18	
	19 Deferred revenue	50,513.	19	66,955.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	215,800.
	26 Total liabilities. Add lines 17 through 25	116,427.	26	465,676.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,296,454.	27	1,613,609.
	28 Net assets with donor restrictions	1,986,197.	28	3,968,477.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,282,651.	32	5,582,086.
33 Total liabilities and net assets/fund balances	3,399,078.	33	6,047,762.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,744,775.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,445,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,299,435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,282,651.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,582,086.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1837429.	5141296.	4863411.	7989698.	7261822.	27093656.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1837429.	5141296.	4863411.	7989698.	7261822.	27093656.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10444018.
6 Public support. Subtract line 5 from line 4.						16649638.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1837429.	5141296.	4863411.	7989698.	7261822.	27093656.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39.	84.	41.	13,711.	990.	14,865.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	465,438.	570,242.	602,768.	644,549.	483,863.	2766860.
11 Total support. Add lines 7 through 10						29875381.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	55.73 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	49.91 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL & MELINDA GATES FOUNDATION P.O. BOX 23350 SEATTLE, WA 98102	\$ 300,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COLUMBIA UNIVERSITY GRADUATE SCHOOL OF JOURNALIS 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027-7922	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEMOCRACY FUND 1200 17TH STREET NW NO 300 WASHINGTON, DC 20036	\$ 372,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	\$ 205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GOOGLE 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOHN D & CATHERINE T MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET CHICAGO, IL 60603-5285	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN S & JAMES L KNIGHT FOUNDATION 200 S BISCAYNE BLVD STE 3300 MIAMI, FL 33131-2349	\$ 1,349,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	OPEN SOCIETY INSTITUE 224 WEST 57TH STREET NEW YORK, NY 10019	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ROBERT R MCCORMICK FOUNDATION 205 N MICHIGAN AVENUE CHICAGO, IL 60601	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE JOYCE FOUNDATION 321 N CLARK STREET #1500 CHICAGO, IL 60654	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE MIAMI FOUNDATION, INC 40 NW 3RD STREET #305 MIAMI, FL 33128	\$ 274,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **INSTITUTE FOR NONPROFIT NEWS** Employer identification number **27-2614911**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		81,875.	21,755.	60,120.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				60,120.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYHECK PROTECTION PROGRAM LOAN	215,800.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	215,800.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **INSTITUTE FOR NONPROFIT NEWS** Employer identification number **27-2614911**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BLOCK CLUB CHICAGO 233 N. MICHIGAN AVENUE, STE 1800 CHICAGO, IL 60601	82-3844275		51.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
BRECKENRIDGE TEXAN 2922 STATE HIGHWAY 67 BRECKENRIDGE, TX 76424	82-3886648		2,656.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10025-1534	83-3036502		81,402.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
MEDIA NFP (EVANSTON ROUND TABLE) 124 FLORENCE AVENUE SUITE 3 EVERTON, IL 90202	85-0811163		32,035.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
GEORGIA NEWS LAB, INC - DEPT OF COMMUNICATION, GA STATE UNIVERSITY - 23 PARK PLACE STE 800 - ATLANTA, GA 30302-5060	85-0919063		47,664.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
GREY MATTER MEDIA 1069 W BROAD STREET COLUMBUS, OH 43222	83-1410912		31,894.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT ALLIANCE FOR BETTER COMMUNITIES (THE HARTFORD GUARDIAN) - 210 CAPITOL AVENUE ROOM 409A - HARTFORD, CT 06106	76-0752730		45.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
MIGRATORY NOTES 1843 LEMOYNE STREET LOS ANGELES, CA 90026	82-3099811		81,053.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
MISSISSIPPI CENTER FOR INVESTIGATIVE REPORTING INC C/O MILLSAPS COLLEGE - (PO BOX 151065) 1701 N STATE STREET - JASKSON, MS	83-3619348		136,261.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
NC LOCAL NEWS LABS (DBA NC LOCAL NEWS WORKSHOP) - 212 W MAIN STREET PMB 309 - DURHAM, NC 27701	84-4474706		2,101.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
OPEN CAMPUS MEDIA INC 1 THOMAS CIRCLE, STE 700 WASHINGTON, DC 20005	84-2427054		334,678.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
ROCHESTER BEACON INC 312 SUSQUEHANNA ROAD ROCHESTER, NY 14618	83-1431746		1,540.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
SALISH CURRENT 772 MAHONIA DRIVE BELLINGHAM, WA 98229	85-1320325		9,570.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
SOLITARY WATCH 123 7TH AVENUE # 166 BROOKLYN, NY 11215	81-2373994		290,228.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
THE LAND 7212 W CLINTON AVENUE CLEVELAND, OH 44102	85-1047943		38,970.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RECORD COMMUNITY NEWS GROUP 120 E CENTRAL AVENUE LOMBARD, IL 60091	85-1425791		19,825.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
TRADEOFFS, INC 424 SOUTH 47TH STREET PHILADELPHIA, PA 19143	83-4075323		25,200.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
THE WAR HORSE NEWS 8404 RICHLANDS HIGHWAY RICHLANDS, NC 28574	27-2614911		373,391.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
UNDERScore MEDIA COLLABORATIVE, 911 NE DAVIS STREET PORTLAND, OR 97232	83-3178910		214,897.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
VIRGINIA CENTER FOR INVESTIGATIVE JOURNALISM - 505 PENNY WELL COURT - CROZET, VA 22932	83-2517134		6,299.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
VOICES OF MONTEREY BAY 502 LARKIN STREET MONTEREY, CA 93940	82-2565637		47,667.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
VOICES OF MOTEREY BAY - GIANNINI FUND - 502 LARKIN STREET - MONTEREY, CA 93940	27-2614911		20,496.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
CHALKBEAT, INC 1239 BROADWAY #703B NEW YORK, NY 10001	90-0915846		291,228.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR
WEST HOLLYWOOD MEDIA COMPANY LLC 1138 HACIENDA PLACE NO 211 WEST HOLLYWOOD, CA 90069	46-0702443		2,582.	0.	FMV		ORGANIZATION IS A FISCAL SPONSOR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR INVESTIGATIVE REPORTING - PO BOX 3665 - PHOENIX, AZ 85030	46-1209940		1,000.	0.	FMV		INN DIRECT SUPPORT - GRANT IMPLEMENTATION
BELT MEDIA COOPERATIVE PO BOX 6014 CLEVELAND, OH 44101	47-5386846		2,500.	0.	FMV		INN DIRECT SUPPORT - GREAT LAKES/CLIMATE CHANGE PROJECT
BETTER GOVERNMENT ASSOCIATION 223 W. JACKSON BLVD., #300 CHICAGO, IL 60606	36-0802950		5,000.	0.	FMV		INN DIRECT SUPPORT - LENS ON LIGHTFOOT PROJECT
BLOCK CLUB CHICAGO 233 N. MICHIGAN AVENUE, STE 1800 CHICAGO, IL 60601	82-3844275		5,000.	0.	FMV		INN DIRECT SUPPORT - LIGHTFOOT PROJECT
BORDERLESS MAGAZINE 3432 W. DIVERSEY AVENUE, 2ND FLOOR CHICAGO, IL 60647	83-1266434		1,500.	0.	FMV		INN DIRECT SUPPORT - CONSULTING SERVICE FOR TRANSLTLATING CHICAGO STORIES PROJECT
BROWN IMPACT MEDIA GROUP 615 SAGINAW STREET, STE 5005 FLINT, MI 48505	47-2276014		2,000.	0.	FMV		INN DIRECT SUPPORT - GRANT IMPLEMENTATION
TIDES CENTER (CA HEALTH REPORT) P O BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100		1,250.	0.	FMV		INN DIRECT SUPPORT - CO RIVER BASIN PROJECT
CATCHLIGHT 1150 25TH STREET SAN FRANCISCO, CA 94107	27-1912845		94,000.	0.	FMV		INN DIRECT SUPPORT - CHICAGO PHOTO SERVICE
MUCKROCK FOUNDATION (CENTER FOR COLLABORATIVE INVESTIGATIVE JOURNALISM) - 411A HIGHLAND AVENUE - SOMERVILLE, MA 02144	81-1485228		1,250.	0.	FMV		INN DIRECT SUPPORT - CO RIVER BASIN PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR PUBLIC INTEGRITY 910 17TH STREET, N.W., 7TH FLOOR WASHINGTON, DC 20006	54-1512177		23,382.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA JOURNALISM FELLOWSHIP PROGRAM
CHALKBEAT INC 1239 BROADWAY #703B NEW YORK, NY 10001	90-0915846		6,500.	0.	FMV		INN DIRECT SUPPORT - LIGHTFOOT
CHARLOTTESVILLE TOMORROW PO BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557		5,000.	0.	FMV		INN DIRECT SUPPORT - RURAL ED/COVID PARTNERS
COMMUNITY RENEWAL SOCIETY (CHICAGO REPORTER) - 111 W. JACKSON BLVD., SUITE 820 - CHICAGO, IL 60604	36-2000728		3,500.	0.	FMV		INN DIRECT SUPPORT - LENS ON LIGHTFOOT
CIRCLE OF BLUE 800 COTTAGEVIEW DRIVE, STE. 1042 TRAVERSE CITY, MI 49684	82-3582132		1,250.	0.	FMV		INN DIRECT SUPPORT - CO RIVER BASIN PROJECT
COLUMBIA INSIGHT PO BOX 1021 HOOD RIVER, OR 97031	82-4504894		1,375.	0.	FMV		INN DIRECT SUPPORT - CO RIVER BASIN PROJECT
REGENTS OF THE UNIVERSITY OF MINNESOTA (ENSIA) - 1954 BUFORD AVE., SUITE 325 - ST. PAUL, MN 55108	41-6042488		1,000.	0.	FMV		INN DIRECT SUPPORT - GREAT LAKES CLIMATE CHANGE PROJECT
FLORIDA CENTER FOR INVESTIGATIVE REPORTING - PO BOX 7129 - ST. PETERSBURG, FL 33734	27-1187698		400.	0.	FMV		INN DIRECT SUPPORT - PPP MINI GRANT
FUTURO MEDIA GROUP 361 WEST 125TH STREET, SIXTH FLOOR NEW YORK, NY 10027	27-2077349		8,000.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT EDUCATION TELEVISION FOUNDATION (GREAT LAKES NOW) - 1 CLOVER COURT - WIXOM, MI 48396	38-1440200		2,000.	0.	FMV		INN DIRECT SUPPORT - GREAT LAKES/CLIMATE CHANGE PROJECT
HECHINGER INSTITUTE 525 WEST 120TH STREET, MAILBOX 306 NEW YORK, NY 10027	13-1624202		6,997.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM
HIGH COUNTRY NEWS 119 GRAND AVENUE, P O BOX 1090 PAONIA, CO 81428	23-7015336		1,250.	0.	FMV		INN DIRECT SUPPORT - CO RIVER BASIN PROJECT
IOWA CENTER/IOWA WATCH P.O. BOX 2178 IOWA CITY, IA 52244-2178	27-1942963		7,000.	0.	FMV		INN DIRECT SUPPORT - RURAL HEALTH COVID PROJECT
CHICAGO INC (LA RAZA) 605 N. MICHIGAN AVE., 4TH FLOOR CHICAGO, IL 60611	43-2030697		2,600.	0.	FMV		INN DIRECT SUPPORT - LIGHTFOOT
MADISON365 PO BOX 842 MOUNT HOREB, WI 53572	47-4608248		1,000.	0.	FMV		INN DIRECT SUPPORT - IMPLEMENTATION GRANT
MINNPOST 635 9TH STREET SE, #220 MINNEAPOLIS, MN 55414	26-0573427		2,500.	0.	FMV		INN DIRECT SUPPORT - GREAT LAKES/CLIMATE CHANGE PROJECT
MONTANA FREE PRESS P O BOX 1425 HELENA, MT 59624	47-5237719		8,000.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM
NEW MEXICO IN DEPTH 808 DOUGLAS MACARTHUR NW ALBUQUERQUE, NM 87107	45-4011138		6,500.	0.	FMV		INN DIRECT SUPPORT - RURAL ED/COVID PARTNERS & CO RIVER BASIN PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWSHOUR PRODUCTIONS LLC 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	53-0242992		8,000.	0.	FMV		INN DIRECT SUPPORT - THOMAS FRITSCHI - INTERN REIMBURSEMENT
NEXT CITY PO BOX 22449 PHILADELPHIA, PA 19110	22-3886361		8,000.	0.	FMV		INN DIRECT SUPPORT - ELEANOR BARBA
ORBMEDIA, INC. 1629 K. STREET NW, SUITE 300 WASHINGTON, DC 20006	45-3806445		400.	0.	FMV		INN DIRECT SUPPORT - PPP MINI LOAN
MUCKROCK FOUNDATION (OUTLIER MEDIA) - 411 A HIGHLAND AVENUE - SOMMERVILLE, MA 02144	81-1485228		1,000.	0.	FMV		INN DIRECT SUPPORT - IMPLEMENTATION GRANT
SAN FRANCISCO PUBLIC PRESS 44 PAGE ST #504 SAN FRANCISCO, CA 94102	27-1275141		8,000.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM
SIDE EFFECTS PUBLIC MEDIA 1630 N. MERIDIAN STREET INDIANAPOLIS, IN 46202	35-1147600		1,000.	0.	FMV		INN DIRECT SUPPORT - RURAL HEALTH COVID PROJECT
SVJ WATER PO BOX 1866 BAKERSFIELD, CA 93303	83-2646098		1,250.	0.	FMV		INN DIRECT SUPPORT - CO RIVER BASIN PROJECT
ST LOUIS PUBLIC RADIO 3651 OLIVE STREET SAINT LOUIS, MO 63108	43-6003859		7,807.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM
TEXAS OBSERVER 54 CHICON STREET AUSTIN, TX 78702	74-2619883		8,000.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONVERSATION 303 WYMAN ST. STE # 300 WALTHAM, MA 02451	46-0906774		500.	0.	FMV		INN DIRECT SUPPORT - GREAT LAKES/CLIMATE CHANGE PROJECT
THE CITY REPORT, INC. 35 WEST 31ST STREET, 4TH FLOOR NEW YORK, NY 10001	37-1896785		24,000.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM
THE DAILY LINE 1747 W. GRACE STREET II CHICAGO, IL 60613	82-5240732		3,550.	0.	FMV		INN DIRECT SUPPORT - LIGHTFOOT
THE NEVADA INDEPENDENT 7455 ARROYO CROSSING PARKWAY, STE 2 LAS VEGAS, NV 89107	27-3192716		5,000.	0.	FMV		INN DIRECT SUPPORT - RURAL ED/COVID PARTNERS
THE TRIIBE 1930 W. SCHOOL STREET CHICAGO, IL 60657	82-0664993		2,000.	0.	FMV		INN DIRECT SUPPORT - LIGHTFOOT
UNDERScore MEDIA COLLABORATION 911 NE DAVIS STREET PORTLAND, OR 97232	83-3178910		5,169.	0.	FMV		INN DIRECT SUPPORT - RURAL ED/COVID PARTNERS
VOICE OF SAN DIEGO 110 W. A STREET, SUITE 650 SAN DIEGO, CA 92101	20-1585919		8,400.	0.	FMV		INN DIRECT SUPPORT - COLUMBIA INTERNSHIP PROGRAM
WASHINGTON MONTHLY 1200 18TH ST. NW SUITE # 330 WASHINGTON, DC 20036	52-2325296		7,888.	0.	FMV		INN DIRECT SUPPORT - JAMES WALKER - INTERN REIMBURSEMENT
WISCONSIN WATCH 5006 VILAS COMMUNICATION HALL, 821 U MADISON, WI 53706	26-2143608		7,000.	0.	FMV		INN DIRECT SUPPORT - RURAL HEALTH COVID PROJECT/ EDITORIAL SERVICE

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUALS ARE GENERAL SUPPORT	1	502.	0.	FMV	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION RECEIVES REPORTS ON A REGULAR BASIS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUE CROSS CEO & EXECUTIVE DIRECTOR	(i)	191,460.	0.	0.	3,829.	0.	195,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANCES R SCARLETT DIRECTOR OF KNOWLEDGE OFFI	(i)	160,100.	0.	0.	3,202.	0.	163,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAWRENCE R HORNE DIRECTOR OF DEVELOPMENT	(i)	153,584.	0.	0.	3,072.	0.	156,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

INSTITUTE FOR NONPROFIT NEWS

Employer identification number

27-2614911

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, INCLUDING:

FOSTERING AND PROMOTING THE HIGHEST QUALITY INVESTIGATIVE AND PUBLIC
SERVICE JOURNALISM IN ORDER TO INFORM AND EDUCATE THE PUBLIC BY MEANS
OF, AMONG OTHER THINGS, PROVIDING ADMINISTRATIVE, EDITORIAL AND
FINANCIAL SUPPORT TO NONPROFIT, TAX-EXEMPT MEMBER NEWS ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR, BOARD SECRETARY AND TREASURER AND BOOKKEEPER REVIEW
THE 990 BEFORE FILING AND THE CEO REPORTS TO THE BOARD WHEN IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY AS ARTICLE VIII
OF THE ORGANIZATION'S BYLAWS. THE BYLAWS WERE ADOPTED BY A MAJORITY VOTE
OF THE BOARD ON FEBRUARY 9, 2010 AND RATIFIED ON JULY 1, 2010. EACH YEAR
THE BOARD MEMBERS AND THE VARIOUS COMMITTEES SIGN CONFLICT OF INTEREST
POLICY TO CONFIRM THAT THEY HAVE REVIEWED AND ARE COMPLIANT WITH THE POLICY
AS PER THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 15A:

A PROFESSIONAL SEARCH FIRM THAT SURVEYED THE PROFESSION OF DIGITAL
PUBLISHERS TO FIND A COMPARABLE SALARY RANGE FOR A PERSON WITH EXPERIENCE
AND SKILLS NEEDED FOR THE JOB. THE PAY IS THEN SET BY THE BOARD OFFICERS
AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

PAY FOR THE EXECUTIVE DIRECTOR IS SET BY THE EXECUTIVE COMMITTEE OF THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization INSTITUTE FOR NONPROFIT NEWS	Employer identification number 27-2614911
--	--

BOARD (CHAIR, SECRETARY, AND TREASURER) AND APPROVED BY THE ENTIRE BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE ON THEIR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	616,536.
MANAGEMENT AND GENERAL EXPENSES	43,619.
FUNDRAISING EXPENSES	74,589.
TOTAL EXPENSES	734,744.

PAYROLL PROSESSING FEE:

PROGRAM SERVICE EXPENSES	2,497.
MANAGEMENT AND GENERAL EXPENSES	389.
FUNDRAISING EXPENSES	411.
TOTAL EXPENSES	3,297.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	738,041.
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FORM 990, PART XII, LINE 2C:

THE PROCEDURE TO SELECT THE OVERSIGHT COMMITTEE IS UNCHANGED.

2020

California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name: **INSTITUTE FOR NONPROFIT NEWS**

California corporation number: **3250040**

FEIN: **27-2614911**

Street address (suite or room): **714 W. OLYMPIC BLVD., NO. 929**

City: **LOS ANGELES** State: **CA** ZIP code: **90015**

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? _____ Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	484,853	00
	2	Gross dues and assessments from members and affiliates	2	125,038	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	7,136,784	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	7,746,675	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,900	00
	7	Total costs. Add line 5 and line 6	7	1,900	00
	8	Total gross income. Subtract line 7 from line 4	8	7,744,775	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,727,095	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,017,680	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Title: **CEO** Date: _____ Telephone: **213-709-7129**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00624143**
 Firm's name (or yours, if self-employed) and address: **DOUGLAS & BHAGAT CPA SERVICES, INC**
100 E. THOUSAND OAKS BLVD., SUITE 202
THOUSAND OAKS, CA 91360
 Firm's FEIN: **82-5008973**
 Telephone: **(805) 409-7705**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	990	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	0	00
	7	Other income SEE STATEMENT 3	•	7	483,863	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	484,853	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	2,405,953	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	324,422	00
	12	Other salaries and wages	•	12	673,904	00
	13	Interest	•	13		00
	14	Taxes	•	14	130,431	00
	15	Rents	•	15	19,294	00
	16	Depreciation and depletion (See instructions)	•	16	4,755	00
	17	Other expenses and disbursements SEE STATEMENT 6	•	17	1,168,336	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,727,095	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		3,267,156		5,740,405
2	Net accounts receivable		47,902		176,640
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	49,024		81,875	
b	Less accumulated depreciation	(25,598)	23,426	(21,755)	60,120
11	Land				
12	Other assets STMT 7		60,594		70,597
13	Total assets		3,399,078		6,047,762
Liabilities and net worth					
14	Accounts payable		65,914		182,921
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 8		50,513		282,755
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		3,282,651		5,582,086
22	Total liabilities and net worth		3,399,078		6,047,762

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	3,017,680
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		3,017,680
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		3,017,680

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BILL & MELINDA GATES FOUNDATION	P.O. BOX 23350 SEATTLE, WA 98102	12/31/20	300,021.
COLUMBIA UNIVERSITY GRADUATE SCHOOL OF JOURNALIS	615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027-7922	12/31/20	200,000.
DEMOCRACY FUND	1200 17TH STREET NW NO 300 WASHINGTON, DC 20036	12/31/20	372,503.
FACEBOOK	1 HACKER WAY MENLO PARK, CA 94025	12/31/20	205,000.
GOOGLE	1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	12/31/20	195,000.
JOHN D & CATHERINE T MACARTHUR FOUNDATION	140 SOUTH DEARBORN STREET CHICAGO, IL 60603-5285	12/31/20	200,000.
JOHN S & JAMES L KNIGHT FOUNDATION	200 S BISCAYNE BLVD STE 3300 MIAMI, FL 33131-2349	12/31/20	1,349,305.
OPEN SOCIETY INSTITUE	224 WEST 57TH STREET NEW YORK, NY 10019	12/31/20	300,000.
ROBERT R MCCORMICK FOUNDATION	205 N MICHIGAN AVENUE CHICAGO, IL 60601	12/31/20	200,000.
ROBERT WOOD JOHNSON FOUNDATION	50 COLLEGE ROAD EAST PRINCETON, NJ 08540	12/31/20	460,000.
THE JOYCE FOUNDATION	321 N CLARK STREET #1500 CHICAGO, IL 60654	12/31/20	150,000.
THE MIAMI FOUNDATION, INC	40 NW 3RD STREET #305 MIAMI, FL 33128		274,091.
TOTAL INCLUDED ON LINE 3			4,205,920.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTERS SCRAPPED	01/01/18	12/31/20	PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	10,499.	8,599.	0.	0.	
TOTAL TO FORM 199, PAGE 2, LN 6	10,499.	8,599.	0.	0.	

CA 199	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
OTHER INCOME		483,863.	
TOTAL TO FORM 199, PART II, LINE 7		483,863.	

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
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ACTIVITY CLASSIFICATION: GRANTOR

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BLOCK CLUB CHICAGO	233 N. MICHIGAN AVENUE, STE 1800 - CHICAGO, IL 60605	GRANTOR	51.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRECKENRIDGE TEXAN	2922 STATE HIGHWAY 67 - BRECKENRIDGE, TX 76424	GRANTOR	2,656.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DOCUMENTED LTD	PO BOX 250250 - NEW YORK, NY 10025-1534	GRANTOR	81,402.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MEDIA NFP	1124 FLORENCE AVENUE, SUITE 3 - EVANSTON, IL 60202	GRANTOR	32,035.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GEORGIA NEWS LAB INC, DEPT OF COMM, GA S	23 PARK PLACE, STE 800 - ATLANTA, GA 30302-5060	GRANTOR	47,664.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GREY MATTER MEDIA	1069 W BROAD STREET - COLUMBUS, OH 43222	GRANTOR	31,894.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CONNECTICUT ALLIANCE FOR BETTER COMMUNIC	210 CAPITOL AVENUE, ROOM 409A - HARTFORD , CT 06106	GRANTOR	45.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MIGRATORY NOTES	1843 LEMOYNE STREET - LOS ANGELES, CA 90026	GRANTOR	81,053.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSISSIPPI CENTER FOR INVESTIGATIVE REP	(PO BOX 151065)1701 N STATE STREET - JACKSON, MS 39202	GRANTOR	136,261.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NC LOCAL NEWS WORKSHOP	212 W MAIN STREET, PMB 309 - DURHAM, NC 27701	GRANTOR	2,101.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPEN CAMPUS MEDIA INC	1 THOMAS CIRCLE, STE 700 - WASHINGTON, DC 20005	GRANTOR	334,678.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROCHESTER BEACON INC	312 SUSQUEHANNA ROAD - ROCHESTER, NY 14618	GRANTOR	1,540.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SALISH CURRENT	772 MAHONIA DRIVE - BELLINGHAM, WA 98229	GRANTOR	9,570.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOLITARY WATCH	123 7TH AVENUE # 166 - BROOKLYN, NY 11215	GRANTOR	290,228.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE LAND	7212 W CLINTON AVENUE - CLEVELAND, OH 44102	GRANTOR	38,970.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE RECORD COMMUNITY NEWS GROUP	120 E CENTRAL AVENUE - LOMBARD, IL 60091	GRANTOR	19,825.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRADEOFFS, INC	424 SOUTH 47TH STREET - PHILADELPHIA, PA 19143	GRANTOR	25,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE WAR HORSE NEWS	8404 RICHLANDS HIGHWAY - RICHLANDS, NC 28574	GRANTOR	373,391.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNDERScore MEDIA COLLABORATIVE	911 NE DAVIS STREET - PORTLAND, OR 97232	GRANTOR	214,897.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIRGINIA CENTER FOR INVESTIGATIVE JOURNA	505 PENNY WELL COURT - CROZET, VA 22932	GRANTOR	6,299.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICES OF MONTEREY BAY	502 LARKIN STREET - MONTEREY, CA 93940	GRANTOR	47,667.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICES OF MOTEREY BAY - GIANNINI	502 LARKIN STREET - MONTEREY, CA 93940	GRANTOR	20,496.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHALKBEAT INC	1239 BROADWAY #703B - NEW YORK, NY 10001	GRANTOR	291,228.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WEST HOLLYWOOD MEDIA COMPANY LLC	1138 HACIENDA PLACE NO 211 - WEST HOLLYWOOD, CA 90069	GRANTOR	2,582.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AZCIR	PO BOX 3665 - PHOENIX, AZ 85030	GRANTOR	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BELT MEDIA COOPERATIVE	PO BOX 6014 - CLEVELAND, OH 44101	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BETTER GOVERNMENT ASSOCIATION	223 W. JACKSON BLVD., #300 - CHICAGO, IL 60606	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BLOCK CLUB CHICAGO	233 N. MICHIGAN AVENUE, STE 1800 - CHICAGO, IL 60601	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BORDERLESS MAGAZINE	3432 W. DIVERSEY AVENUE, 2ND FLOOR, STE 8 - CHICAGO, IL 60647	GRANTOR	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BROWN IMPACT MEDIA GROUP	615 SAGINAW STREET STE 5005 - FLINT, MI 48505	GRANTOR	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TIDES CENTER (CA HEALTH REPORT)	P O BOX 29907 - SAN FRANCISCO, CA 94129	GRANTOR	1,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATCHLIGHT	1150 25TH STREET - SAN FRANCISCO, CA 94107	GRANTOR	94,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUCKROCK FOUNDATION (CENTER FOR COLLABOR	411A HIGHLAND AVENUE - SOMMERVILLE, MA 02144	GRANTOR	1,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR PUBLIC INTEGRITY	910 17TH STREET, N.W., 7TH FLOOR - WASHINGTON, DC 20006	GRANTOR	23,382.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHALKBEAT INC	1239 BROADWAY #703B - NEW YORK, NY 10001	GRANTOR	6,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHARLOTTESVILLE TOMORROW	PO BOX 1591 - CHARLOTTESVILLE, VA 22902	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY RENEWAL SOCIETY (CHICAGO REPOR	111 W. JACKSON BLVD., SUITE 820 - CHICAGO, IL 60604	GRANTOR	3,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CIRCLE OF BLUE	800 COTTAGEVIEW DRIVE, STE. 1042 - TRAVERSE CITY, MI 49684	GRANTOR	1,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLUMBIA INSIGHT	PO BOX 1021 - HOOD RIVER, OR 97031	GRANTOR	1,375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL PASO MATTERS	333 N OREGON, 2ND FLOOR - EL PASO, TX 79901	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF MINNESOTA (1954 BUFORD AVE., SUITE 325 - SAINT PAUL, MN 55108	GRANTOR	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FLORIDA CENTER FOR INVESTIGATIVE REPORTI	PO BOX 7129 - SAINT PETERSBURG, FL 33734	GRANTOR	400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FUTURO MEDIA GROUP	361 WEST 125TH STREET, SIXTH FLOOR - NEW YORK, NY 10027	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DETROIT EDUCATIONAL TELEVISION FOUNDATIO	1 CLOVER COURT - WIXOM, MI 48396	GRANTOR	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HECHINGER INSTITUTE	525 WEST 120TH STREET, MAILBOX 306 - NEW YORK, NY 10027	GRANTOR	6,997.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HIGH COUNTY NEWS	119 GRAND AVENUE, P O BOX 1090 - PAONIA, CO 81428	GRANTOR	1,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IOWA CENTER/IOWA WATCH	P.O. BOX 2178 - IOWA CITY, IA 52244	GRANTOR	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LA RAZA (CHIGAGO INC.)	605 N. MICHIGAN AVE., 4TH FLOOR - CHICAGO, IL 60611	GRANTOR	2,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MADISON365	PO BOX 842 - MOUNT HOREB, WI 53572	GRANTOR	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MINNPOST	635 9TH STREET SE, #220 - MINNEAPOLIS, MN 55414	GRANTOR	2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MONTANA FREE PRESS	PO BOX 1425 - HELENA, MT 59624	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW MEXICO IN DEPTH	808 DOUGLAS MACARTHUR NW - ALBUQUERQUE, NM 87107	GRANTOR	6,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEWSHOUR PRODUCTIONS LLC	3939 CAMPBELL AVENUE - ARLINGTON, VA 22206	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEXT CITY	PO BOX 22449 - PHILADELPHIA, PA 19110	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ORBMEDIA, INC.	1629 K. STREET NW, SUITE 300 - WASHINGTON, DC 20006	GRANTOR	400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUCKROCK FOUNDATION (OUTLIER MEDIA)	411A HIGHLAND AVENUE - SUMMERVILLE, MA 02144	GRANTOR	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO PUBLIC PRESS	44 PAGE STREET #504 - SAN FRANCISCO, CA 94102	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WFYI PUBLIC MEDIA	1630 N. MERIDIAN STREET - INDIANAPOLIS, IN 46202	GRANTOR	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SJV WATER	PO BOX 1866 - BAKERSFIELD, CA 93303	GRANTOR	1,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST LOUIS PUBLIC RADIO	3651 OLIVE STREET - SAINT LOUIS, MO 63108	GRANTOR	7,807.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEXAS OBSERVER	54 CHICON STREET - AUSTIN, TX 78702	GRANTOR	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CONVERSATION	303 WYMAN ST. STE # 300 - WALTHAM, MA 02451	GRANTOR	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CITY REPORT, INC.	35 WEST 31ST STREET, 4TH FLOOR - NEW YORK, NY 10001	GRANTOR	24,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE DAILY LINE	1747 W. GRACE STREET - CHICAGO, IL 60613	GRANTOR	3,550.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE NEVADA INDEPENDENT	7455 ARROYO CROSSING PARKWAY, STE 220 - LAS VEGAS, NV 89107	GRANTOR	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE TRIIBE	1930 W. SCHOOL STREET - CHICAGO, IL 60657	GRANTOR	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNDERSCORE MEDIA COLLABORATION	911 NE DAVIS STREET - PORTLAND, OR 97232	GRANTOR	5,169.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICE OF SAN DIEGO	110 W. A STREET, SUITE 650 - SAN DIEGO, CA 92101	GRANTOR	8,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WASHINGTON MONTHLY	1200 18TH STREET, NW STE# 330 - WASHINGTON, DC 20036	GRANTOR	7,888.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WCIJ INC	821 UNIVERSITY AVENUE - MADISON, WI 53706	GRANTOR	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DAVE ROSENTHAL	53 BRADENHAM PLACE - BUFFALO, NY 14226	GRANTOR	502.

TOTAL FOR THIS ACTIVITY 2,405,953.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,405,953.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
SUE CROSS 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	CEO & EXECUTIVE DIRECTOR 40.00	191,460.
FRANCES R SCARLETT 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR OF KNOWLEDGE OFFI 40.00	0.
LAWRENCE R HORNE 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR OF DEVELOPMENT 40.00	0.
KAYLEEN M LIMA 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR OF TECHNOLOGY 40.00	0.
JONATHAN R KEALING 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	CHIEF NETWORK OFFICER 40.00	0.

CHARLES POTTS 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR OF FINANCE & OPER 40.00	132,962.
JEFFREY WOOLVERTON 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	NETWORK PHILANTRAPY DIRECT 40.00	0.
LAURA FRANK 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	CHAIR 10.00	0.
BRUCE THERIAULT 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	TREASURER 10.00	0.
MARCIA PARKER 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	SECRETARY 5.00	0.
SHEILA KRUMHOLZ 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.
RON SMITH 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.
NEAL SHAPIRO 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.
MARK HORVIT 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.
ERIKA DILDAY 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.
NORBERTO SANTANA 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.
HSIU MEI WONG 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.
RON NIXON 714 W. OLYMPIC BLVD., NO. 929 LOS ANGELES, CA 90015	DIRECTOR 5.00	0.

TOTAL TO FORM 199, PART II, LINE 11

324,422.

CA 199	OTHER EXPENSES	STATEMENT	6
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
FUNDS RELEASED TO SEPAR		210,772.	
DUES AND SUBSCRIPTIONS		35,805.	
BANKING/MERCHANT FEES		9,338.	
WORKERS COMPENSATION IN		5,117.	
PENSION PLAN CONTRIBUTIONS		25,930.	
OTHER PROFESSIONAL FEES		738,041.	
ADVERTISING AND PROMOTION		3,838.	
OFFICE EXPENSES		4,794.	
INFORMATION TECHNOLOGY		59,796.	
TRAVEL		28,475.	
CONFERENCES AND CONVENTIONS		31,749.	
INSURANCE		13,031.	
ALL OTHER EXPENSES		1,650.	
TOTAL TO FORM 199, PART II, LINE 17		1,168,336.	

CA 199	OTHER ASSETS	STATEMENT	7
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES AND DEFERRED CHARGES		56,052.	68,786.
SECURITY DEPOSIT		4,542.	1,811.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		60,594.	70,597.

CA 199	OTHER LIABILITIES	STATEMENT	8
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PAYHECK PROTECTION PROGRAM LOAN		0.	215,800.
DEFERRED REVENUE		50,513.	66,955.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		50,513.	282,755.

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
INSTITUTE FOR NONPROFIT NEWS	27-2614911

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	7,746,675
2 Total gross income (Form 199, line 8)	2	7,744,775
3 Total expenses and disbursements (Form 199, line 9)	3	4,727,095

Part II Settle Your Account Electronically for Taxable Year 2020

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ _____ **CEO**

Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's- signature	DOUGLAS & BHAGAT CPA SERVIC	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00624143
Must Sign Firm's name (or yours if self-employed) and address	DOUGLAS & BHAGAT CPA SERVICES, INC			Firm's FEIN 82-5008973	
	100 E. THOUSAND OAKS BLVD., SUITE 202			ZIP code 91360	
	THOUSAND OAKS, CA				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address			Firm's FEIN
			ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>INSTITUTE FOR NONPROFIT NEWS</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>714 W. OLYMPIC BLVD., NO. 929</u> Address (Number and Street)</p> <p><u>LOS ANGELES, CA 90015</u> City or Town, State, and ZIP Code</p> <p><u>818-582-3560</u> Telephone Number</p> <p><u></u> E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0166893</u></p> <p>Corporation or Organization No. <u>C3250040</u></p> <p>Federal Employer ID No. <u>27-2614911</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020) list:

Gross Annual Revenue \$ <u>7,744,775</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>6,047,762</u>
Program Expenses \$ <u>4,795,629</u>	Total Expenses \$ <u>5,445,340</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>SUE CROSS</u> Signature of Authorized Agent	<u>CEO</u> Title	<u></u> Date
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